

MONTANA BOARD OF CHIROPRACTORS
301 S PARK - FOURTH FLOOR #428
P. O. Box 200513
Helena, Montana 59620-0513
(406) 841-2393 FAX (406) 841-2305
E-MAIL dlibsdchi@state.mt.us
WEBSITE: <http://www.discoveringmontana.com/dli/chi>

REACTIVATION OF AN INACTIVE LICENSE

Please reactivate Montana Chiropractic license #_____.

A fee of \$150 and proof of 12 credits of continuing education, completed in the previous 12 months is required for reactivation of this Montana Chiropractic license.

Mail this form, the fee and the proof of continuing education to:

MONTANA BOARD OF CHIROPRACTORS
P O BOX 200513
HELENA MT 59620-0513

Per MCA 27-12-206 (3) The Legal Panel fees of \$50 must also be paid if the above licensee has his/her principal residence or place of business in Montana.

Mail this fee to: **CHIROPRACTIC LEGAL PANEL**
c/o Mary Lou Garrett
806 2nd ST
HELENA MT 59601

Name of Practice: _____

Address of Practice: _____

Phone: work (____) ____ - ____ home (____) ____ - ____ fax (____) ____ - ____

E-mail _____

Home Address: _____

Signature

Date